

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>10/564792</b>	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1			1		1		51	
2				1		1	52	
3				2		1	53	
4				2		1	54	
5				2			55	
6				2		1	56	
7				①		1	57	
8				①		1	58	
9				①		1	59	
10				①		1	60	
11				①		1	61	
12				①		1	62	
13				①		1	63	
14				①		1	64	
15				①		1	65	
16			1		1		66	
17				1		1	67	
18				2		1	68	
19						1	69	
20							70	
21							71	
22							72	
23							73	
24							74	
25							75	
26							76	
27							77	
28							78	
29							79	
30							80	
31							81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.		↓	2	↓	2	↓	TOTAL IND.	↓
TOTAL DEP.		←	21	←	17	←	TOTAL DEP.	←
TOTAL CLAIMS			23		19		TOTAL CLAIMS	